

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-018122

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318  
FILED APR 17 1963

Primary Registration District No.

1003

Registrar's No.

3962

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo.		b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4055 West Pine Blvd.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 4055 West Pine Blvd.	
3. NAME OF DECEASED (Type or print) - First Middle Last Hans A. Rausche		4. DATE OF DEATH Month Day Year April 6th 1963			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/22/90	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steward Retired		10b. KIND OF BUSINESS OR INDUSTRY Mayfair Hotel		11. BIRTHPLACE (City and state or country) Germany	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Herman Rausche		13b. MOTHER'S MAIDEN NAME Emilia Unknown	
14. NAME OF HUSBAND OR WIFE Late Caroline Rausche		15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service) No None		17. INFORMANT Julianna Vils 6401 Fyler Ave.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> Conditions, if any, which gave rise to, above cause (a), stating the underlying cause last. DUE TO (b) <u>arterio-sclerosis, general</u> DUE TO (c) <u>4201</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>none</u> PART III. If deceased was female was there a pregnancy in last 90 days: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u> <u>2 years</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>Mar 13 1963</u> to <u>Apr 6 1963</u> and last saw her alive on <u>Apr 4 1963</u> . Death occurred at <u>8 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>B. G. Rausche M.D.</u>		22b. ADDRESS <u>5214 Pennad St. St. Louis Mo.</u>		22c. DATE SIGNED <u>Apr 6 1963</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE <u>4/9/63</u>		23c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus</u>	
23d. LOCATION (City, town, or county) <u>St. Louis County Mo.</u>		24. FUNERAL DIRECTOR <u>Kriegshauser South 4228 S. Kingshighway</u>		25. DATE RECD. BY LOCAL REG. <u>APR 8 1963</u>	
26. REGISTRAR'S SIGNATURE <u>Earl Smith M.D.</u>					

USE BLACK INK  
OR  
TYPEWRITER RIBBON

Dr. B.L. Bersche  
5214 Pernod Ave.

Fl. 2-8712

3:30 PM

#### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Ernest W. Spillers*

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.